(Only for Continuation o	r Divisional applica	ations under 37 C.F.R. § 1.53(d)	DUPLICATE		
Address to:		Attorney Docket No.	PC10866A		
Mail Stop <u>CPA</u> Commissioner for Patents		First Named Inventor	WEICHAO G. CHEN		
BOX 1450		Examiner Name	HUANG, E.		
Alexandria, VA 22313-1450		Group/Art Unit	1625		
		Express Mail Label No.	EL639816825US		
iled on APRIL 17, 2001 entitled SODIUM	MILLI DRUGEN E	-ACIMNOLN THE LINNID			
NOTES  FILING QUALIFICATIONS: The prior application as defined by 37°CFR §1.51(b) or (2) the A Notice will be placed on a patent issuing from CPA and is subject to the twenty-year patent te may have been filed before on or after June 8, 199	national stage of a n a CPA, except for erm provisions of 35	an international application in cor reissues and designs, to the effe 5 U.S.C. §154(a)(2). Therefore,	mpliance with 35 U.S.C. 371:   cct that the patent issued on a		
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[Page 1 of 2]

CLAIM	S (4) 502	(0) NUMBER		(2) NUMBER EVERA	(A) DATE	(E) CALCULATION	NIS.				
	(1) FOR	(2) NUMBE FILED	:R (	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATION	15				
	TOTAL CLAIMS (37C.F.R. § 1.16(c) or (j))	31-20*=	:	11	x <u>\$ 18</u> =	\$ 198.	.00				
	INDEPENDENT CLAIMS (37C.F.R. § 1.16(b) or (i))	6 -3**=		3	x \$ <u>84</u> =	252	.00				
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R.§ 1.16(d))										
					BASIC FEE (37 C.F.R. § 1.16)	750					
		Total of above Calculations =									
	Reduction by 50% for filing by			C.F.R. §§ 1.9,1.27, 1.	28).						
	* Reissue claims in exce ** Reissue independent c	1,002	.00								
6.	Small entity status:	iaiiiis over on	ушаг ра	tent.							
٥.	a. A small entity statement is enclosed, if (b) and (c) do not apply.										
b	<ul> <li>A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.</li> </ul>										
C	<u> </u>	• •	and de	.3ii.cu.			ļ				
_	<del></del>		to crad	lit overnavments	or charge the f	allowing fees t	·O.				
	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16 - 1445:										
a	a. Ees required under 37 C.F.R. §1.16.										
t	o. 🛛 Fees required und	der 37 C.F.F	R. §1.17	7.							
c	c. Fees required under 37 C.F.R. §1.18.										
8.											
_	A check in the amount of \$ is enclosed.										
9.	Other:		*			·					
						***					
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.											
as a construction and the second construction of											
10. NEW CORRESPONDENCE ADDRESS											
Custon	ner Number or Bar Code Label	(Insert Custome		Attach bar code label h		lew Correspondence	e address below				
Name	Paul H. Ginsburg		*****								
Address	Pfizer Inc										
Address	235 East 42nd Street, 20th Floor										
City	New York	State		New York	Zip Code	10017-5755					
Country	United States Of America	Telephone		(212)573-2369	Fax	(212)573-1939					
		OF APPLIC	_	ATTORNEY, OR	AGENT REQ	UIRED					
	NAME (Print Type)			LOND M. SPERM							
	Signature	$\triangle$	401) SHH	27/03							
	Registration No. (Attorney/Ager	nt)	26,810								
	Date			27, 2003							

[Page 2 of 2]